ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St. Joseph Hospital of Huntingburg

Year: 2003 City: Huntingburg Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue				
Inpatient Patient Service Revenue	\$17,659,472			
Outpatient Patient Service Revenue	\$16,856,713			
Total Gross Patient Service Revenue	\$34,516,185			
2. Deductions from Rev	venue			
Contractual Allowances	\$14,575,565			
Other Deductions	\$63,940			
Total Deductions	\$14,639,505			
3. Total Operating Rev	enue			
Net Patient Service Revenue	\$19,876,680			
Other Operating Revenue	\$793,283			
Total Operating Revenue	\$20,669,963			

4. Operating Expenses	S
Salaries and Wages	\$8,250,122
Employee Benefits and Taxes	\$2,025,683
Depreciation and Amortization	\$1,190,221
Interest Expenses	\$404,915
Bad Debt	\$653,232
Other Expenses	\$7,182,809
Total Operating Expenses	\$19,706,982
5. Net Revenue and Expen	nses
Net Operating Revenue over Expenses	\$962,980
Net Non-operating Gains over Losses	\$114,811
Total Net Gain over Loss	\$1,077,791

6. Assets and Liabilities		
Total Assets	\$14,028,025	
Total Liabilities	\$9,114,450	

Statement Two: Contractual Allowances					
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue		
Medicare	\$17,923,582	\$7,698,171	\$10,225,411		
Medicaid	\$1,649,878	\$175,621	\$1,474,256		
Other State	\$0	\$0	\$0		
Local Government	\$0	\$0	\$0		
Commercial Insurance	\$14,942,724	\$6,701,772	\$8,240,953		
Total	\$34,516,184	\$14,575,565	\$19,940,620		

Statement Three: Unique Specialized Hospital Funds					
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment		
Donations	\$47,385	\$19,353	\$28,032		

Educational	\$12,874	\$102,096	(\$89,220)
Research	\$0	\$0	\$0

Number of individuals estimated by this hospital that are involved in educ	cation
Number of Medical Professionals Trained In This Hospital	329
Number of Hospital Patients Educated In This Hospital	1,294
Number of Citizens Exposed to Health Education Message	4,197

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County	Dubois	Community	Dubois County
Location		Served	

Hospital Mission Statement

Continue to provide to our patients medical care in a responsible cost effective manner, provide a positive safe environment, and provide leadership and continuity of operations for our community.

Unique Services		Type of Initiative	es	Document Avail	able
Medical Research	NO	Disease Detection	YES	Community Plan	YES

Professional Education	YES	Practitioner Education	NO	Annual Statement	NO
Community Education	YES	Clinic Support	NO	Needs Assessment	2001

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
Persons served in last twelve months	92	NR	NR
Charity Care Allocation	(\$160,303)	(\$410,002)	\$0

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of	
Progress Made in Achieving Annual Objectives	Net Costs of Programs
No programs identified	\$0

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients	(\$106,193)
unable to pay, to patients covered under government funded programs, and for medical education, training.	
2. Community Health Education	(\$34,568)
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$140,761)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Rita Howard

Telephone number: 812/683-6163

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	295	645
2. % of Salary	Salary Expenses divided by Total Expenses	41.9%	39.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	16.2	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.8	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$1,831	\$4,378
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$11,284	\$11,927
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	48.8%	52.3%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$383	\$847

9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	51.9%	43.1%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.3%	5.5%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$106,193)	(\$1,065,673)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.7	5.0

Notes:

- 1. NR = Not Reported
- 2. See Statewide Results for definitions of terms.